

State Injury Profile for California

About the State Injury Profiles...

Following this introduction you will find the injury profile for your state and the nation. The maps and tables contain information on injury deaths and death rates; however, it is important to remember that hundreds of thousands of Americans are nonfatally injured each year, many of whom suffer permanent disabilities. Your state injury profile includes:

- The 10 leading causes of death by age group for your state and the nation. These charts contain the total number of deaths for the three-year period 1995 through 1997. The summary table at the bottom of each page shows the total number of injuries across all ages for the same three-year period and the average number of deaths per year.
- The tables on the next page show the number of deaths for your state and the nation for the leading causes of injury death (separated by the type of injury—unintentional, suicide, and homicide) for the same three-year period.
- The next pages contain U.S. maps indicating the death rate per 100,000 persons for all states over a three-year period (1995-1997) for the leading causes of injury death. Beneath each map is a graph showing the death rate over a 10-year period (1988-1997). These maps and graphs will allow you to compare death rates for your state to other states and understand the 10-year trend in your state compared to the U.S. trend.
- The last two maps in the Profile give death-rate data and 10-year trends for two of the most frequent and disabling types of injury-related deaths: traumatic brain injury-related deaths, which can be caused by falls, firearms, motor-vehicle crashes, or other causes; and firearm-related deaths, unintentional or the result of homicide or suicide.

This State Injury Profile 2000 is presented as an appendix to the Centers for Disease Control and Prevention (CDC) Injury Fact Book, *Working to Prevent and Control Injury in the United States*. The Fact Book contains information regarding the cost of injury and the value of prevention, the work of CDC's National Center for Injury Prevention and Control, and the Safe USA Partnership Council. The Fact Book also contains fact sheets for many of the leading causes of injury death. Additional information can also be obtained from—

- The CDC National Center for Injury Prevention and Control web site: <http://www.cdc.gov/ncipc/>
- The CDC National Center for Injury Prevention and Control, Office of Planning, Evaluation, and Legislation: 770-488-4936
- Safe USA web site: <http://www.cdc.gov/safe/>
- Safe USA toll-free number: 1-888-252-7751

United States

10 Leading Causes of Deaths by Age Group: 1995-1997

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 19,113	Unintentional Injuries 6,432	Unintentional Injuries 4,734	Unintentional Injuries 5,614	Unintentional Injuries 41,018	Unintentional Injuries 38,858	Malignant Neoplasms 51,258	Malignant Neoplasms 134,242	Malignant Neoplasms 261,040	Heart Disease 1,834,538	Heart Disease 2,197,898
2	Short Gestation 11,760	Congenital Anomalies 1,922	Malignant Neoplasms 1,593	Malignant Neoplasms 1,491	Homicide 19,978	HIV 23,935	Unintentional Injuries 43,023	Heart Disease 104,809	Heart Disease 201,533	Malignant Neoplasms 1,147,043	Malignant Neoplasms 1,617,565
3	SIDS 9,438	Malignant Neoplasms 1,350	Congenital Anomalies 706	Homicide 1,023	Suicide 13,328	Suicide 17,825	Heart Disease 40,047	Unintentional Injuries 29,523	Bronchitis Emphysema Asthma 30,143	Cerebro-vascular 419,616	Cerebro-vascular 477,724
4	Respiratory Distress Synd. 4,117	Homicide 1,247	Homicide 510	Suicide 931	Malignant Neoplasms 4,919	Homicide 16,665	HIV 39,570	HIV 17,951	Cerebro-vascular 29,087	Bronchitis Emphysema Asthma 274,359	Bronchitis Emphysema Asthma 317,955
5	Maternal Complications 3,802	Heart Disease 680	Heart Disease 387	Congenital Anomalies 647	Heart Disease 3,106	Malignant Neoplasms 14,327	Suicide 19,938	Cerebro-vascular 16,960	Diabetes 24,987	Pneumonia & Influenza 226,837	Unintentional Injuries 283,912
6	Placenta Cord Membranes 2,871	Pneumonia & Influenza 504	HIV 288	Heart Disease 554	HIV 1,318	Heart Disease 10,097	Homicide 11,689	Liver Disease 16,300	Unintentional Injuries 20,719	Diabetes 138,117	Pneumonia & Influenza 253,099
7	Unintentional Injuries 2,356	HIV 411	Pneumonia & Influenza 221	Bronchitis Emphysema Asthma 294	Congenital Anomalies 1,254	Cerebro-vascular 2,118	Liver Disease 10,853	Suicide 14,317	Liver Disease 15,921	Unintentional Injuries 91,315	Diabetes 183,657
8	Perinatal Infections 2,321	Septicemia 236	Bronchitis Emphysema Asthma 143	Pneumonia & Influenza 184	Bronchitis Emphysema Asthma 684	Diabetes 1,881	Cerebro-vascular 8,281	Diabetes 12,589	Pneumonia & Influenza 10,830	Alzheimer's Disease 63,461	Suicide 92,722
9	Pneumonia & Influenza 1,409	Perinatal Period 222	Benign Neoplasms 132	HIV 180	Pneumonia & Influenza 630	Pneumonia & Influenza 1,724	Diabetes 5,581	Bronchitis Emphysema Asthma 8,395	Suicide 8,675	Nephritis 62,838	HIV 90,761
10	Intrauterine Hypoxia 1,355	Benign Neoplasms 189	Anemias 98	Cerebro-vascular 135	Cerebro-vascular 527	Liver Disease 1,690	Pneumonia & Influenza 4,335	Pneumonia & Influenza 6,405	Septicemia 5,350	Septicemia 52,315	Liver Disease 75,444

United States Total Number of Injury Deaths

Cause	Deaths	Percent
Unintentional Injury	283,912	64.5%
Intentional	156,434	35.5%
Total (1995-1997)	440,346	100.0%

Average Number of Injury Deaths per Year
In the United States = **146,782**

California

10 Leading Causes of Deaths by Age Group: 1995-1997

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 2,551	Unintentional Injuries 768	Unintentional Injuries 466	Unintentional Injuries 486	Unintentional Injuries 3,774	Unintentional Injuries 4,348	Malignant Neoplasms 5,528	Malignant Neoplasms 13,472	Malignant Neoplasms 24,803	Heart Disease 172,852	Heart Disease 205,214
2	SIDS 1,013	Congenital Anomalies 293	Malignant Neoplasms 217	Malignant Neoplasms 217	Homicide 3,397	HIV 3,033	HIV 5,454	Heart Disease 9,449	Heart Disease 17,782	Malignant Neoplasms 107,728	Malignant Neoplasms 154,468
3	Short Gestation 995	Malignant Neoplasms 180	Congenital Anomalies 103	Homicide 166	Suicide 1,302	Homicide 2,668	Unintentional Injuries 5,430	Unintentional Injuries 3,653	Cerebro-vascular 3,090	Cerebro-vascular 43,136	Cerebro-vascular 49,511
4	Respiratory Distress Synd. 408	Homicide 176	Homicide 71	Suicide 90	Malignant Neoplasms 629	Suicide 1,973	Heart Disease 3,531	HIV 2,751	Bronchitis Emphysema Asthma 2,957	Pneumonia & Influenza 31,117	Pneumonia & Influenza 34,031
5	Maternal Complications 358	Heart Disease 64	Heart Disease 47	Congenital Anomalies 76	Heart Disease 284	Malignant Neoplasms 1,664	Suicide 2,250	Liver Disease 2,516	Diabetes 2,345	Bronchitis Emphysema Asthma 29,502	Bronchitis Emphysema Asthma 33,985
6	Placenta Cord Membranes 309	Pneumonia & Influenza 64	Pneumonia & Influenza 25	Heart Disease 48	Congenital Anomalies 170	Heart Disease 933	Liver Disease 1,737	Cerebro-vascular 1,908	Liver Disease 2,318	Diabetes 11,735	Unintentional Injuries 27,760
7	Unintentional Injuries 229	Perinatal Period 40	Bronchitis Emphysema Asthma 18	Bronchitis Emphysema Asthma 24	HIV 136	Liver Disease 290	Homicide 1,500	Suicide 1,721	Unintentional Injuries 2,069	Unintentional Injuries 6,458	Diabetes 16,135
8	Perinatal Infections 221	HIV 23	HIV 14	Pneumonia & Influenza 21	Bronchitis Emphysema Asthma 72	Cerebro-vascular 263	Cerebro-vascular 938	Diabetes 1,202	Pneumonia & Influenza 1,280	Alzheimer's Disease 5,657	HIV 12,538
9	Pneumonia & Influenza 186	Meningo-coccal 22	Benign Neoplasms 13	Cerebro-vascular 20	Pneumonia & Influenza 67	Diabetes 224	Diabetes 574	Bronchitis Emphysema Asthma 932	Suicide 1,040	Athero-sclerosis 5,522	Liver Disease 10,608
10	Intrauterine Hypoxia 144	Benign Neoplasms 20	Cerebro-vascular 12	HIV 12	Cerebro-vascular 63	Congenital Anomalies 182	Pneumonia & Influenza 424	Homicide 784	HIV 855	Hypertension 3,822	Suicide 10,532

California Total Number of Injury Deaths

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Unintentional Injury	27,760	58.0%
Intentional Injury	20,075	42.0%
Total (1995-1997)	47,835	100.0%

Average Number of Injury Deaths per Year
In California = **15,945**

1995-1997 Leading Causes of Death

Unintentional Injury

United States Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	127,193	44.8%
Fall	33,633	11.8%
Poisoning	28,745	10.1%
Suffocation	12,987	4.6%
Drowning	12,360	4.4%
Fire/Burn	11,304	4.0%
Other Causes	57,690	20.3%
	283,912	100.0%

California Only Unintentional Injury

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
MV Traffic	12,123	43.7%
Poisoning	5,464	19.7%
Fall	3,025	10.9%
Drowning	1,522	5.5%
Suffocation	733	2.6%
Other Causes	4,893	17.6%
	27,760	100.0%

Intentional Injury

United States Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	54,235	58.5%
Suffocation	15,960	17.2%
Poisoning	15,355	16.6%
Other Causes	7,172	7.7%
	92,722	100.0%

California Only Suicide

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	5,349	50.8%
Suffocation	2,198	20.9%
Poisoning	1,874	17.8%
Other Causes	1,111	10.5%
	10,532	100.0%

United States Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	43,684	68.6%
Cut/Pierce	7,647	12.0%
Suffocation	2,327	3.7%
Other Causes	10,054	15.8%
	63,712	100.0%

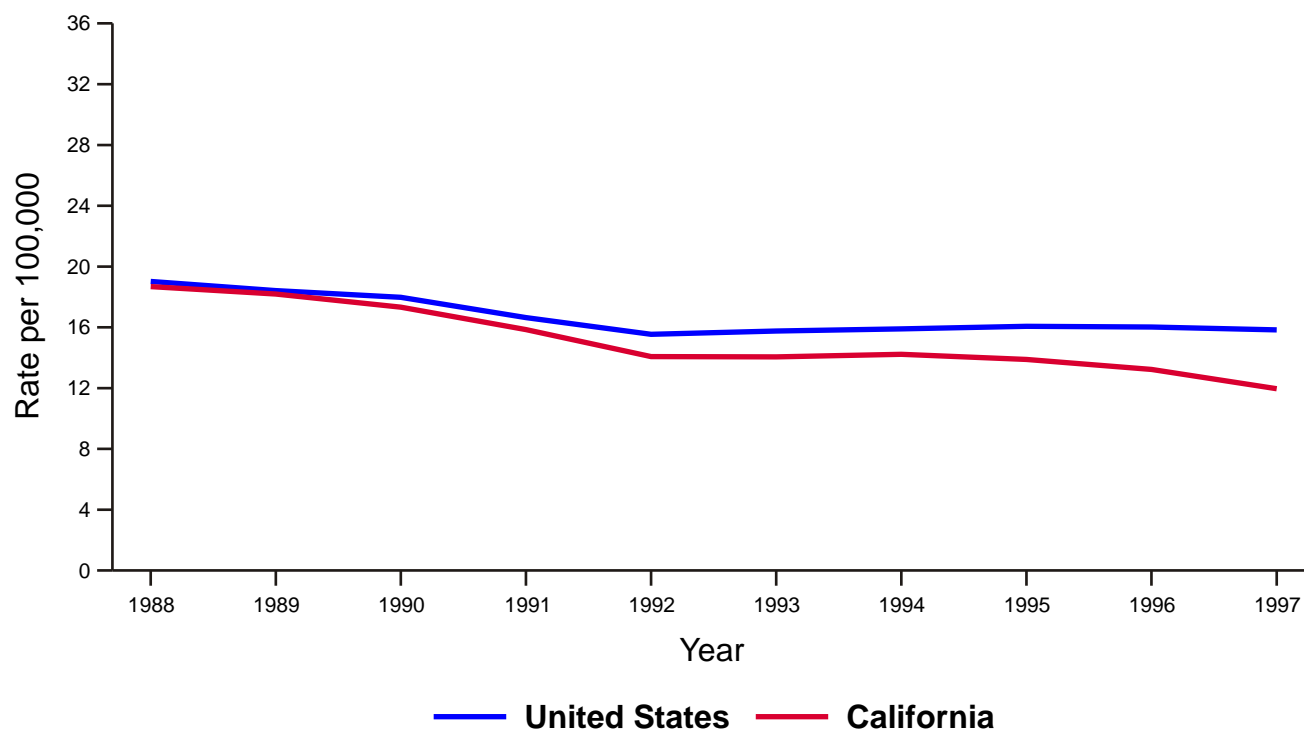
California Only Homicide and Legal Intervention

<u>Cause</u>	<u>Deaths</u>	<u>Percent</u>
Firearm	6,983	73.2%
Cut/Pierce	1,015	10.6%
Suffocation	313	3.3%
Other Causes	1,232	12.9%
	9,543	100.0%

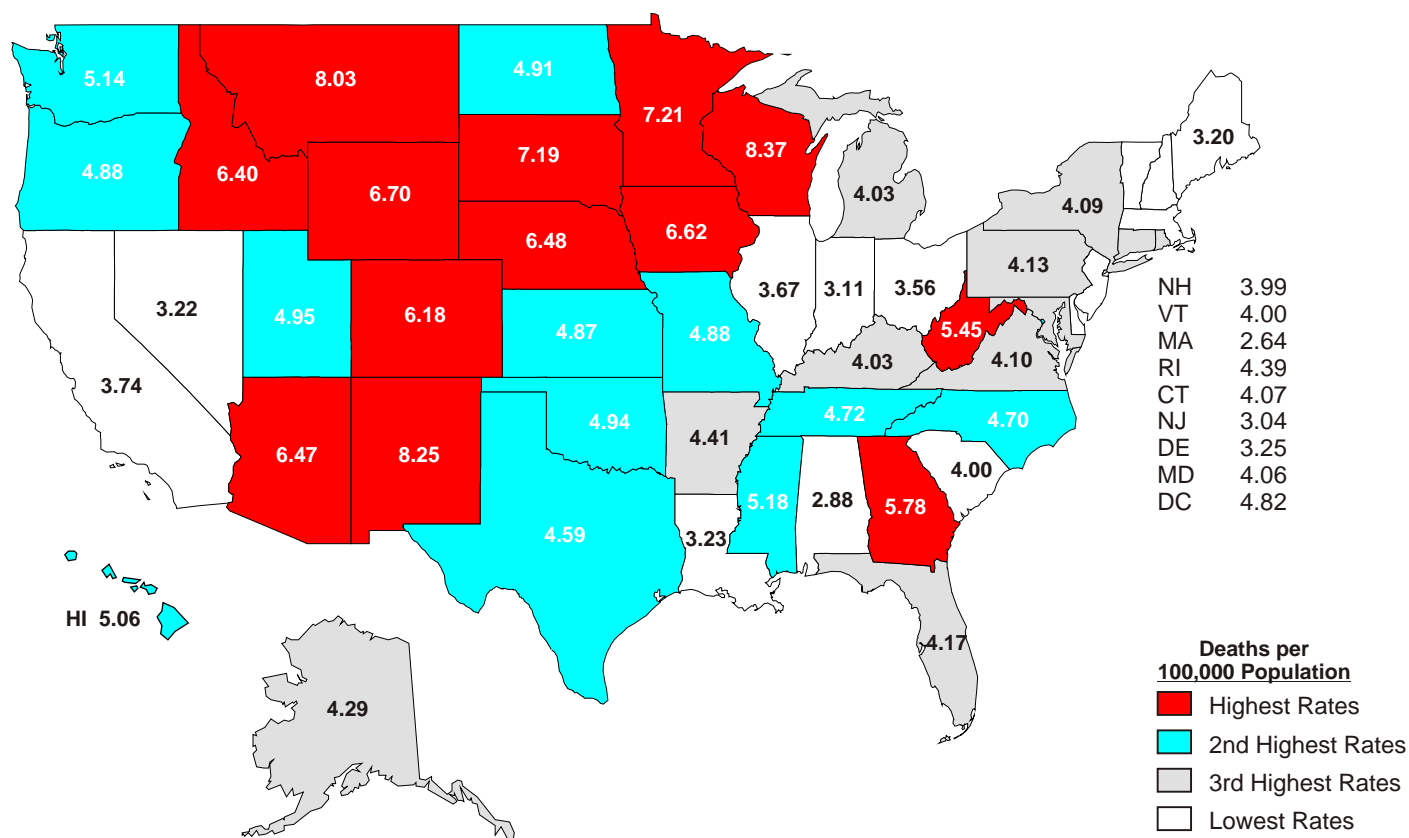
Unintentional Motor Vehicle, Traffic-Related Death Rates United States, 1995-1997



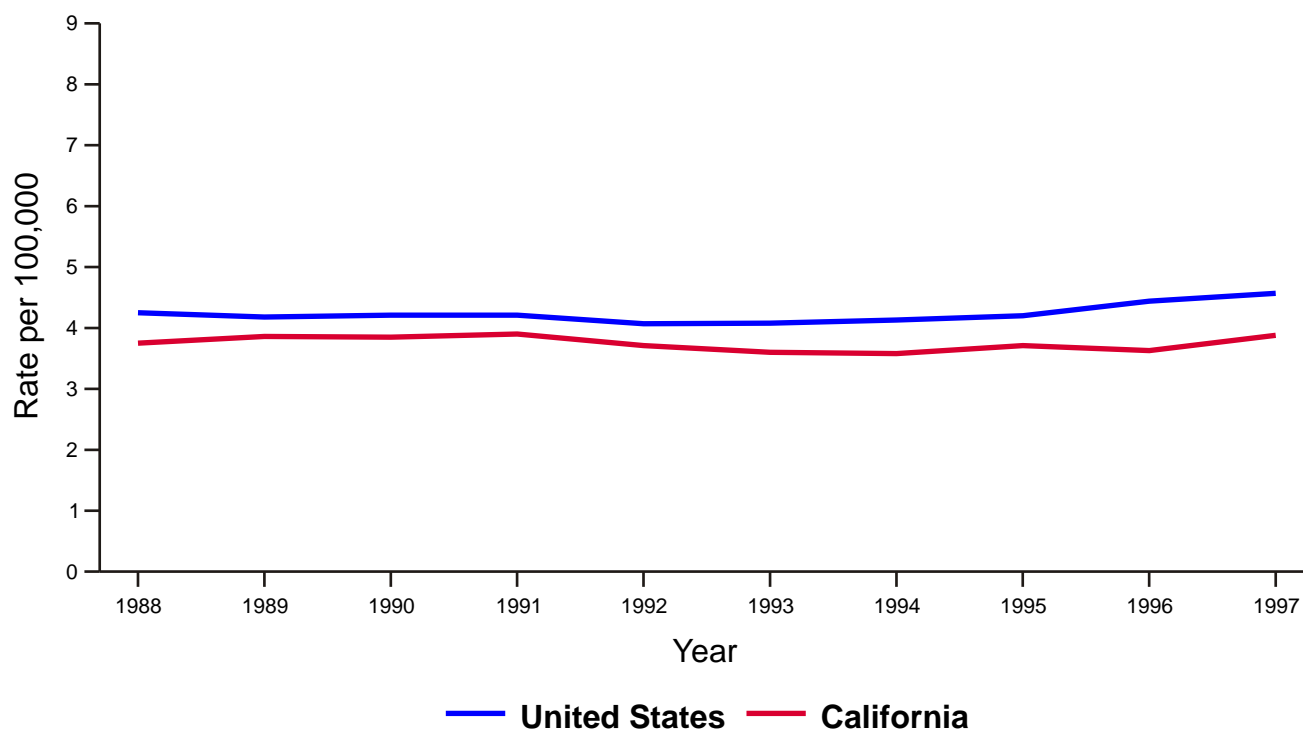
United States and California 1988-1997



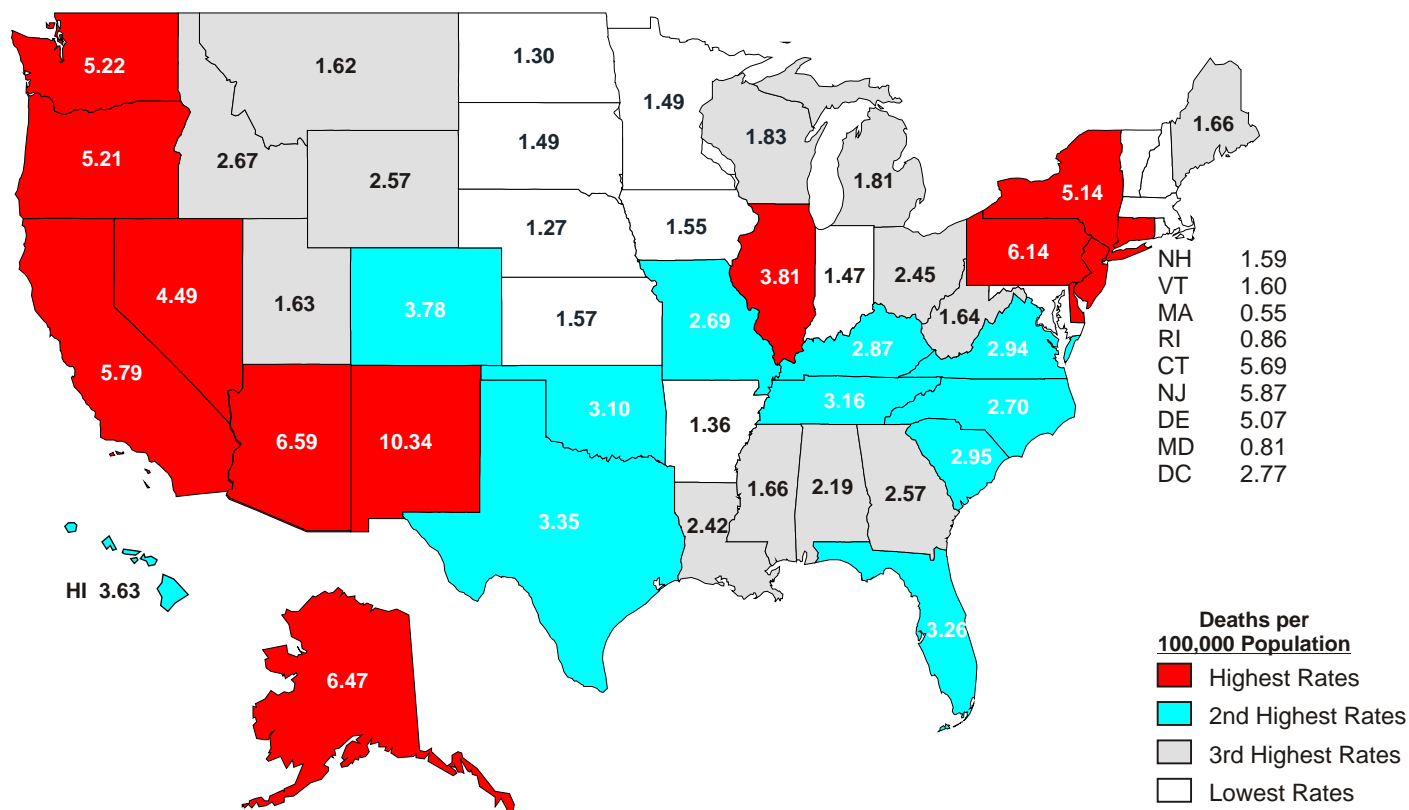
Unintentional Fall Death Rates United States, 1995-1997



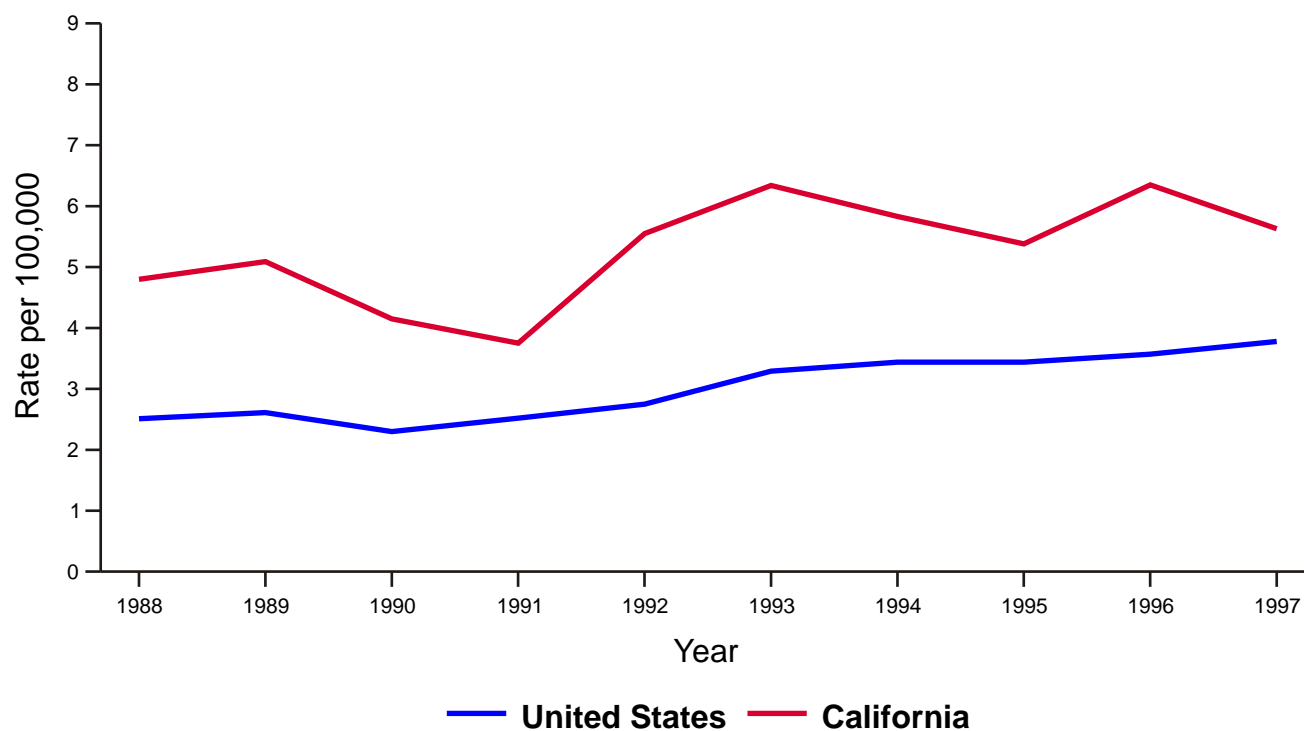
United States and California 1988-1997



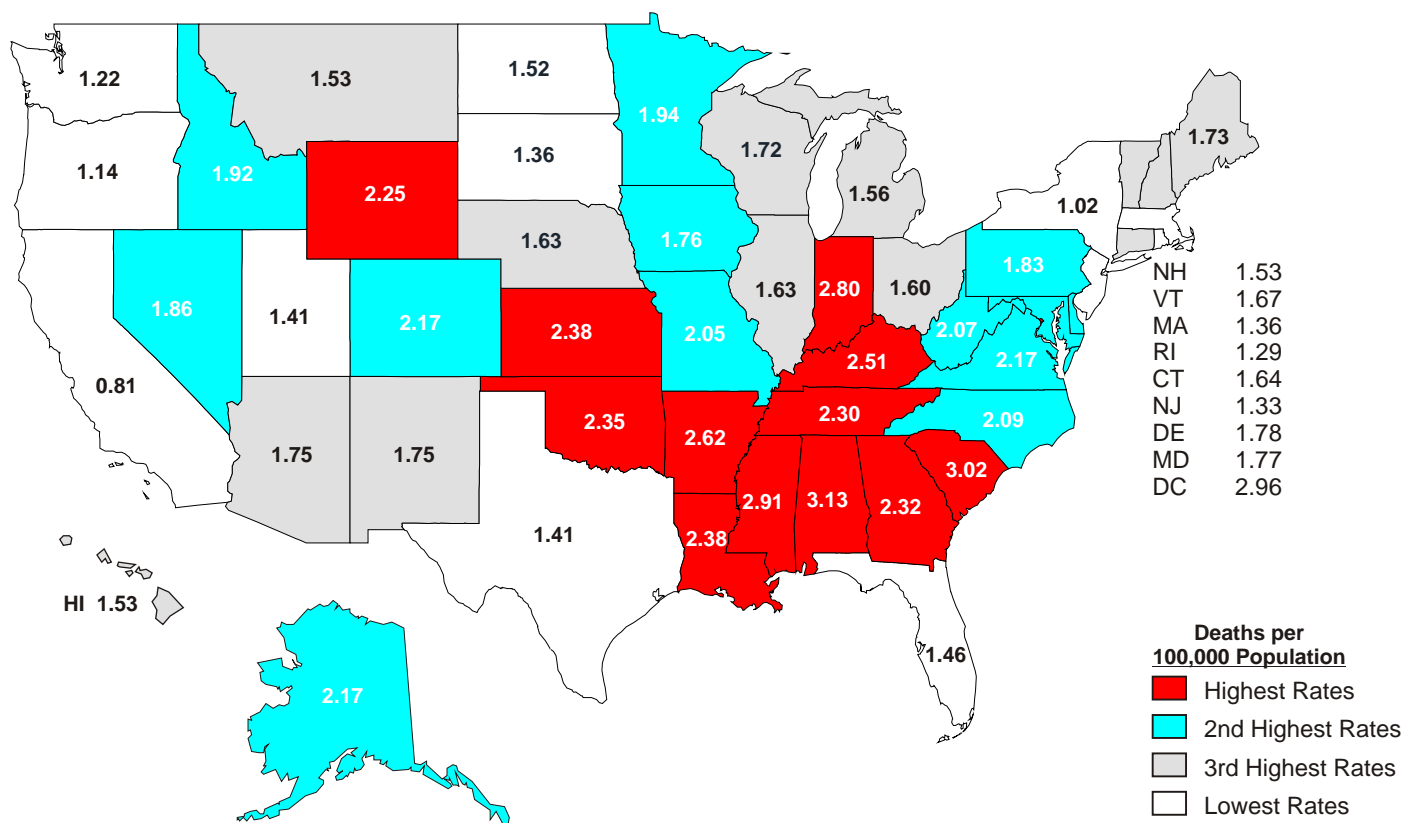
Unintentional Poisoning Death Rates United States, 1995-1997



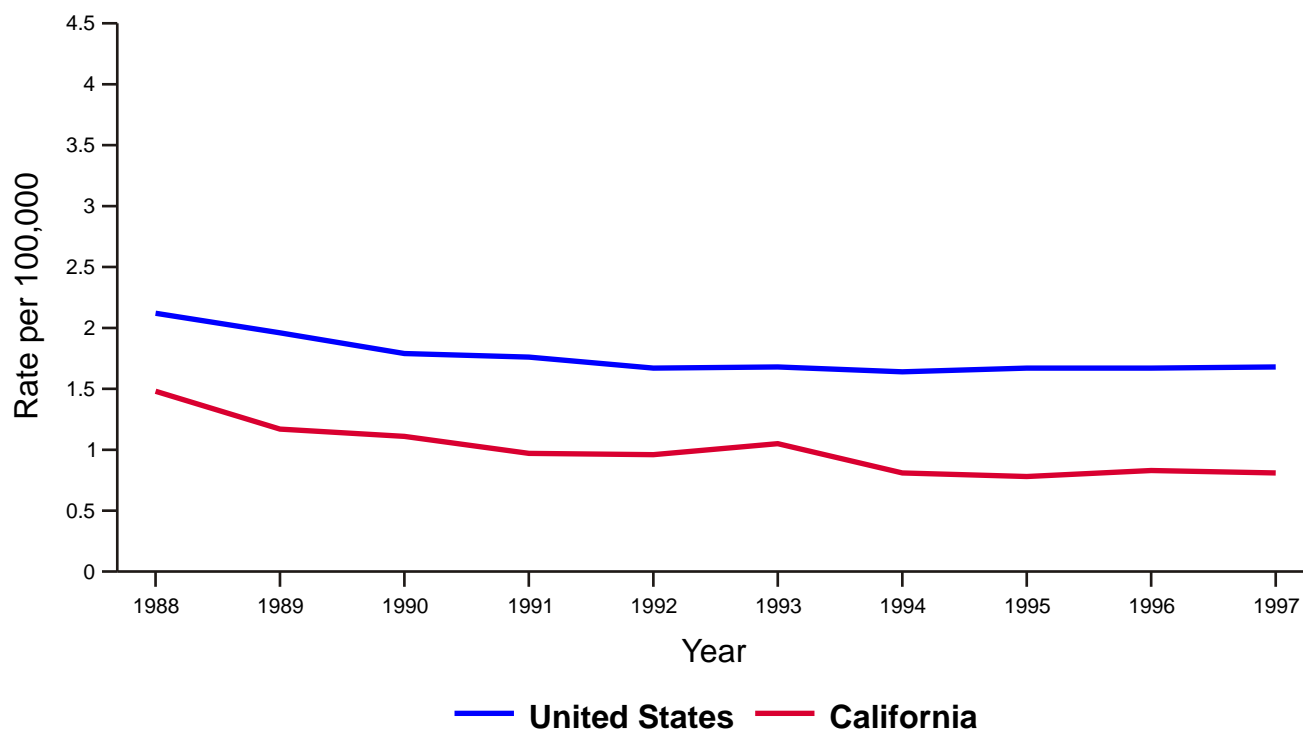
United States and California 1988-1997



Unintentional Suffocation Death Rates United States, 1995-1997



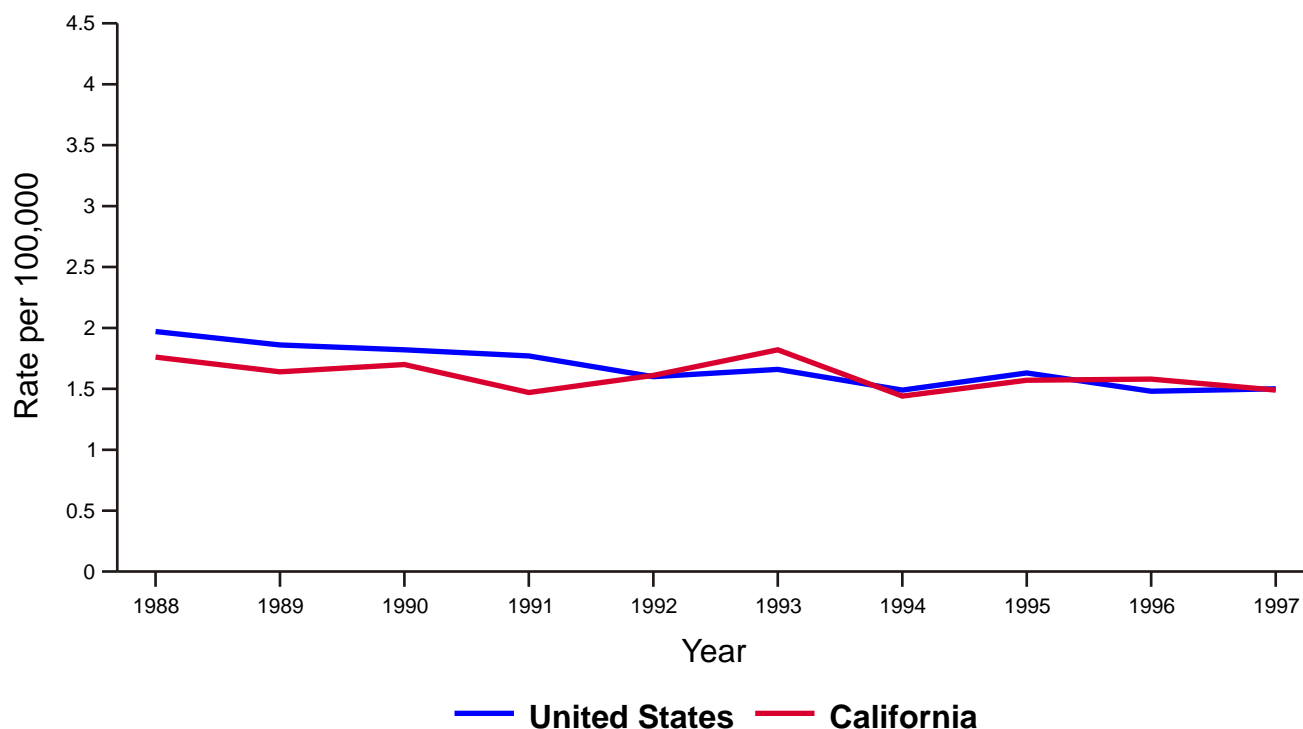
United States and California 1988-1997



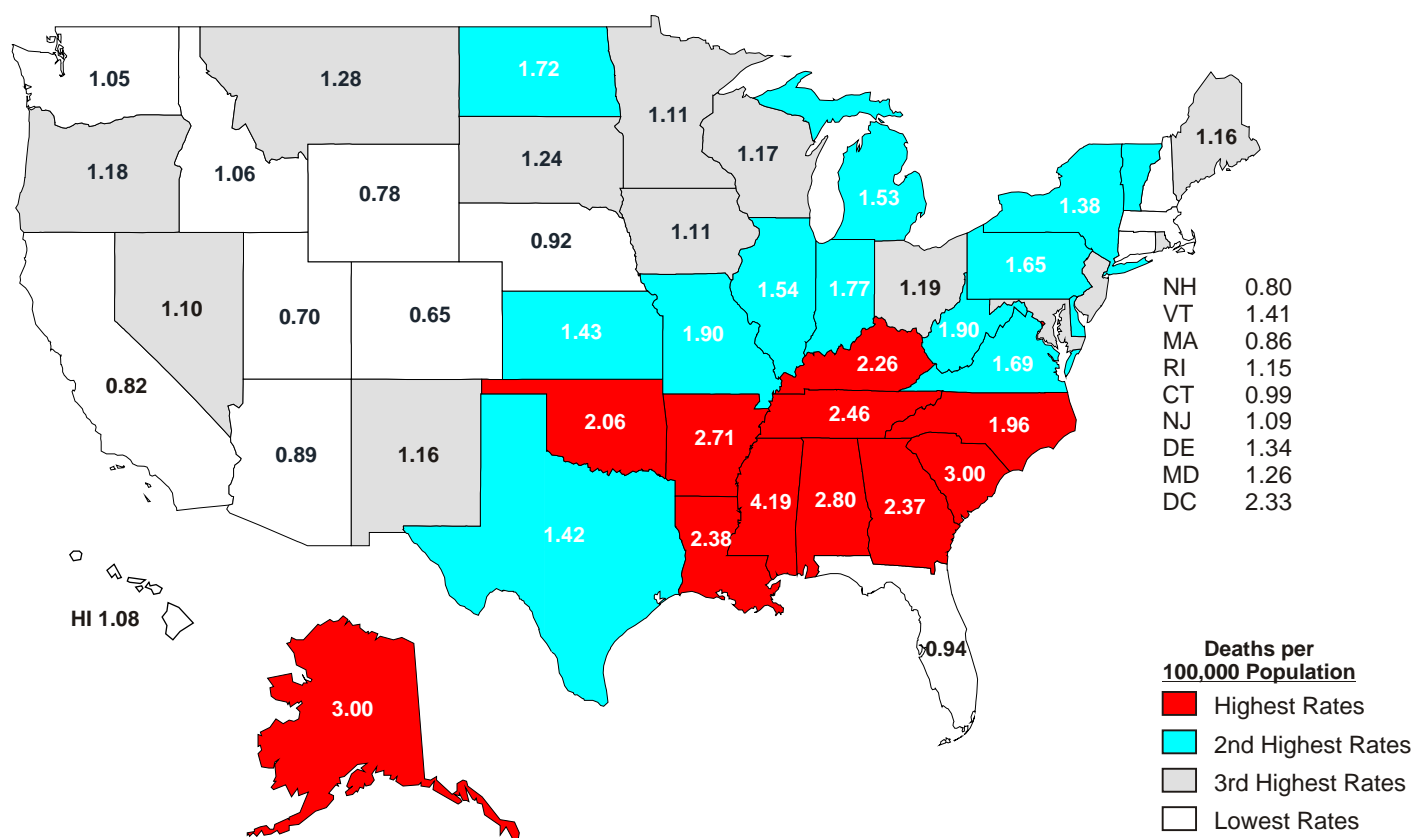
Unintentional Drowning Death Rates United States, 1995-1997



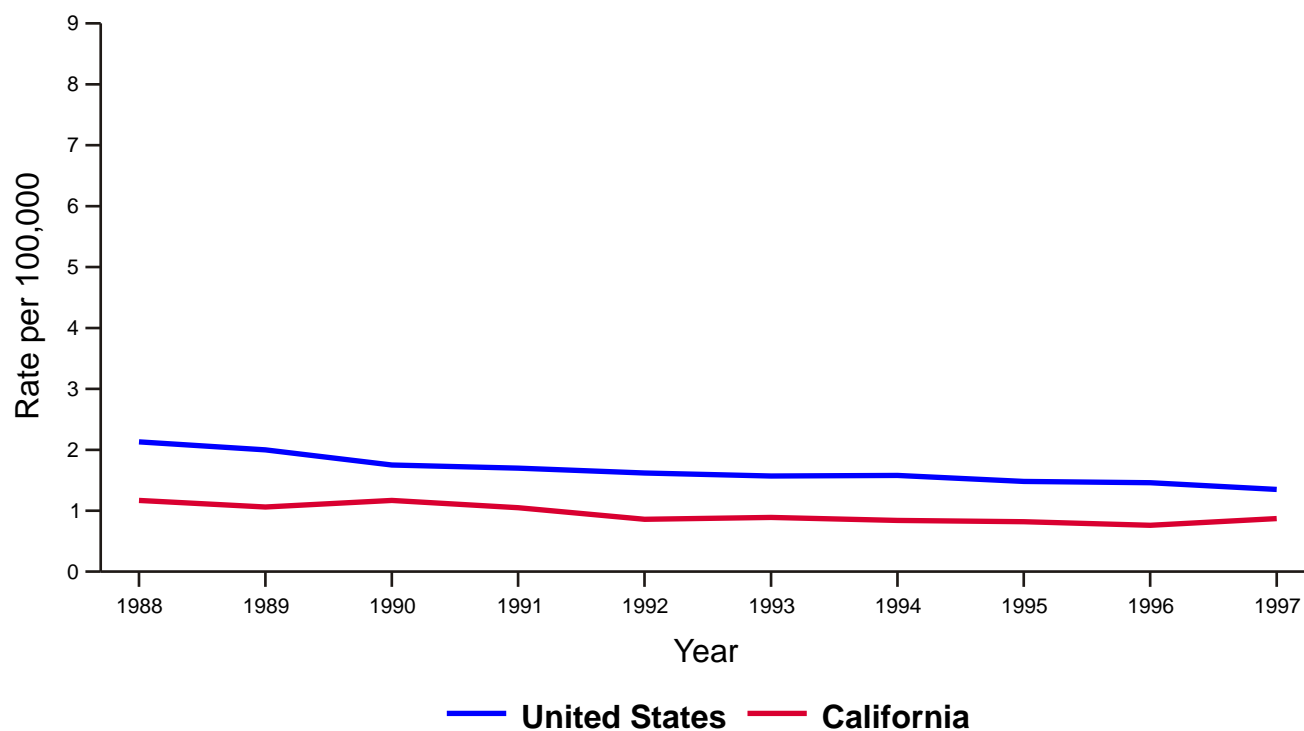
United States and California 1988-1997



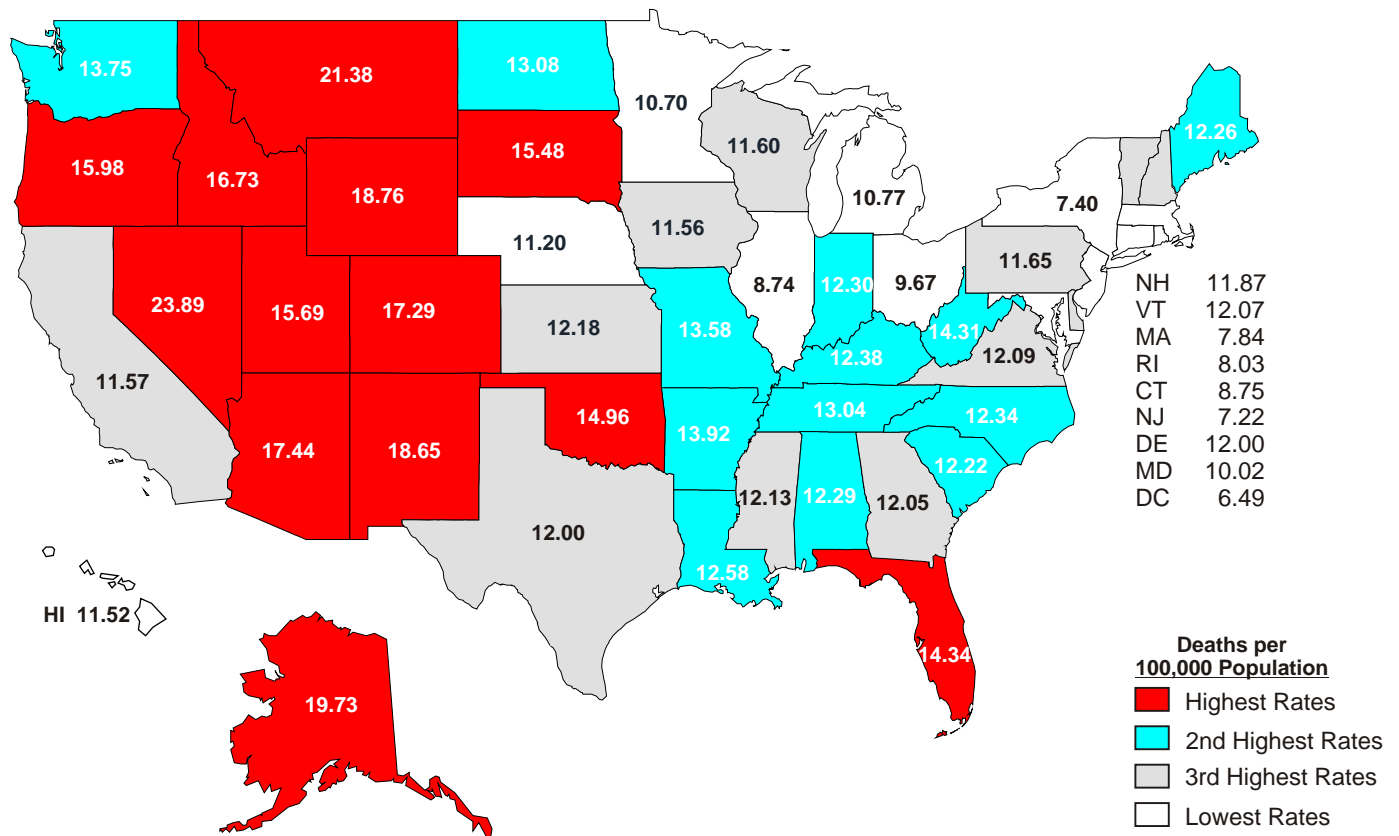
Unintentional Fire and Burn-Related Death Rates United States, 1995-1997



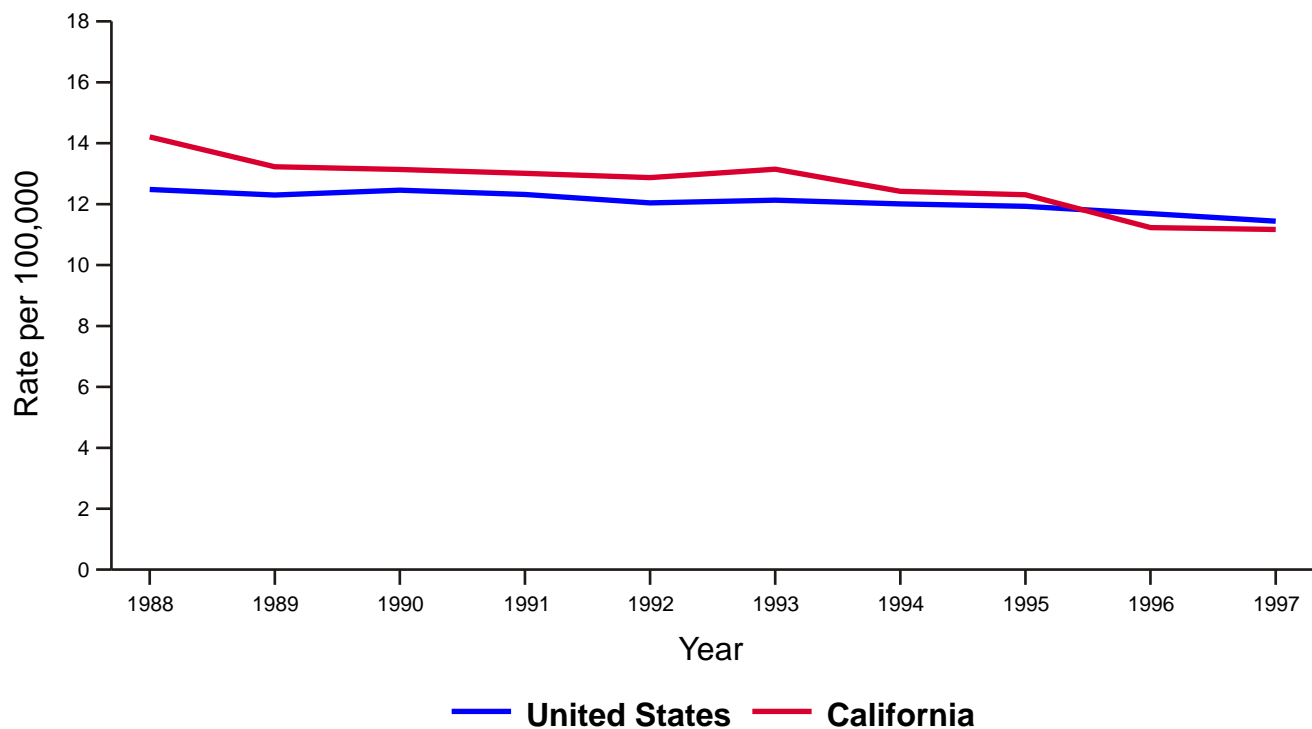
United States and California 1988-1997



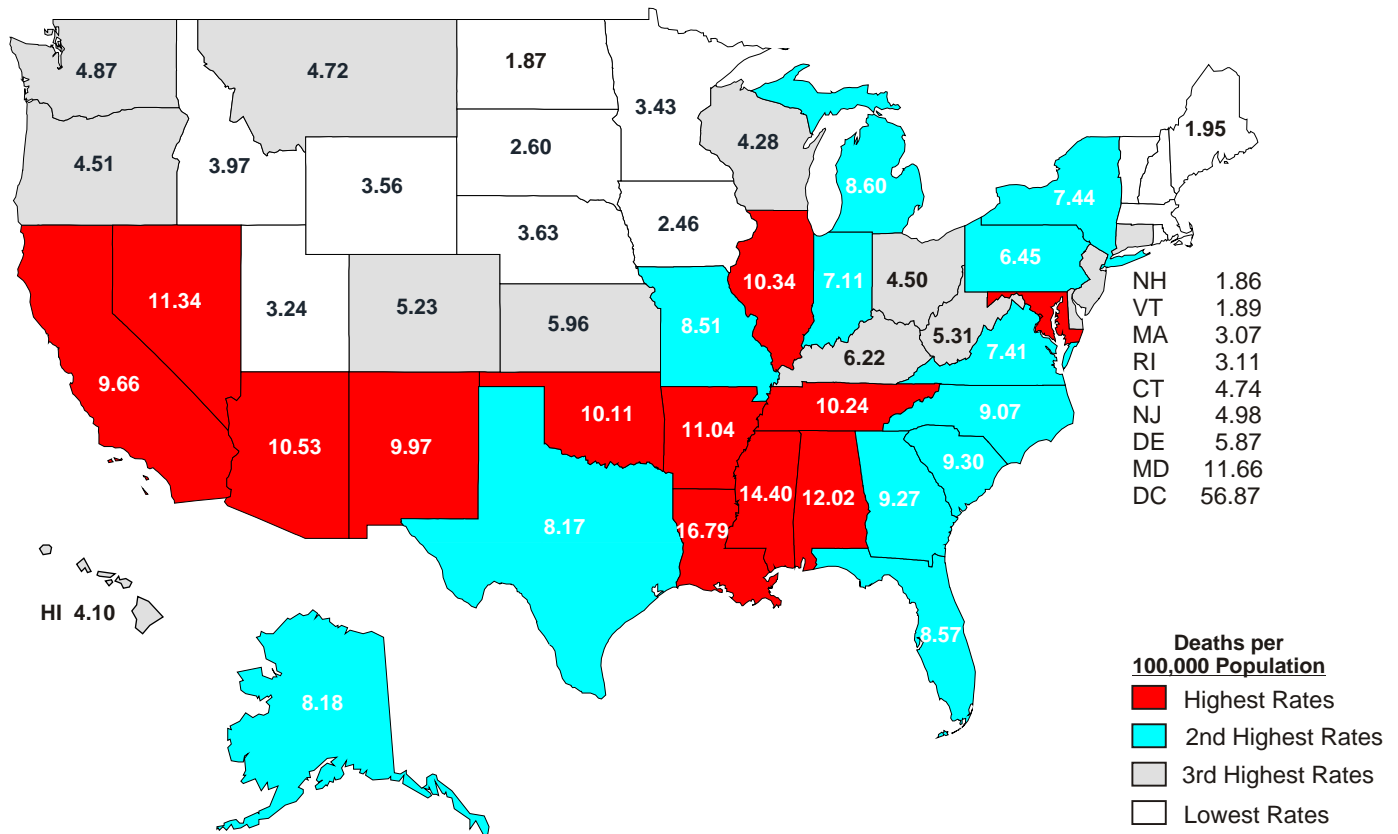
Suicide Death Rates United States, 1995-1997



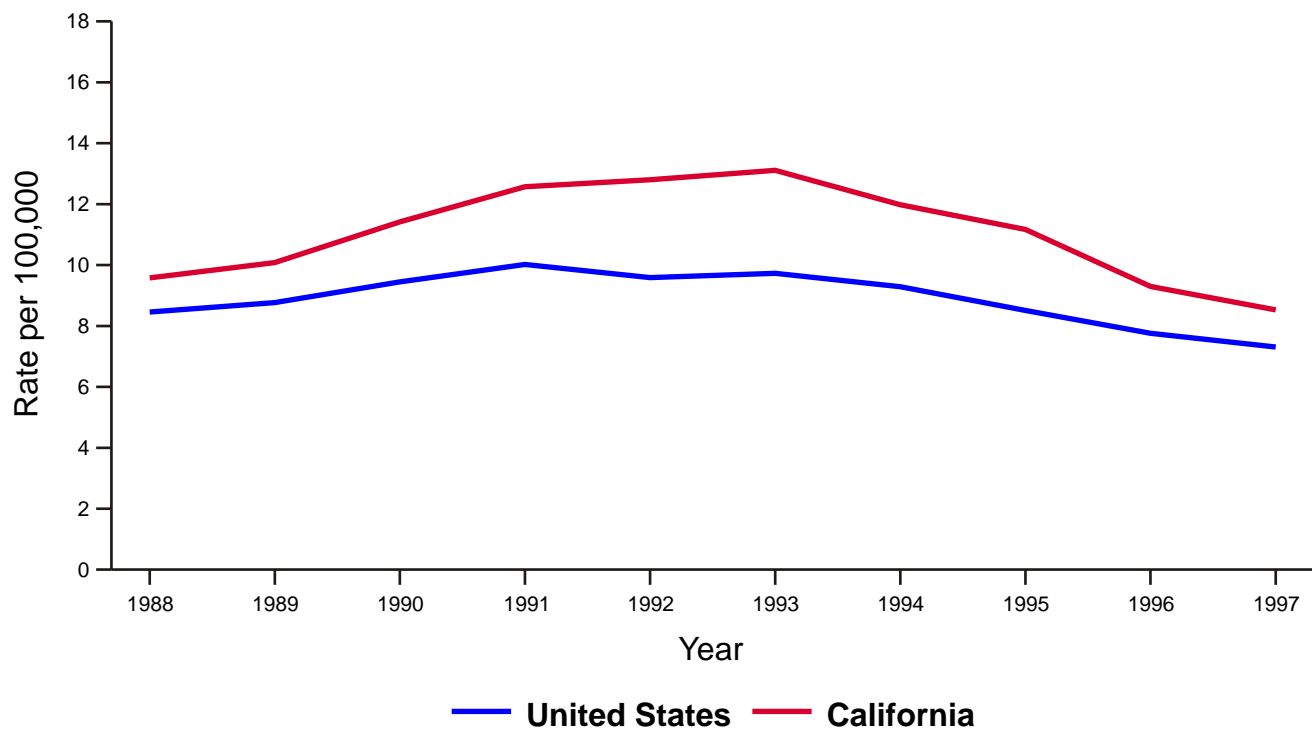
United States and California 1988-1997



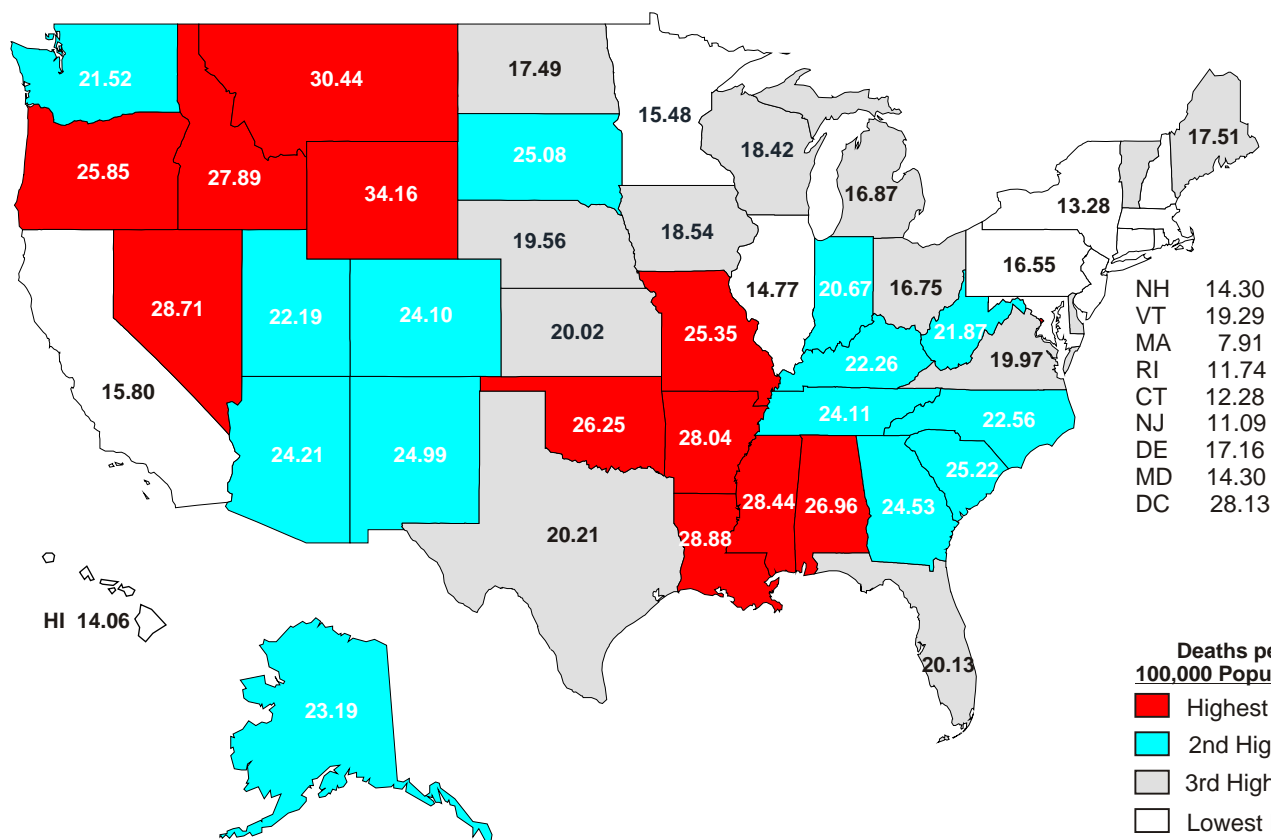
Homicide Death Rates United States, 1995-1997



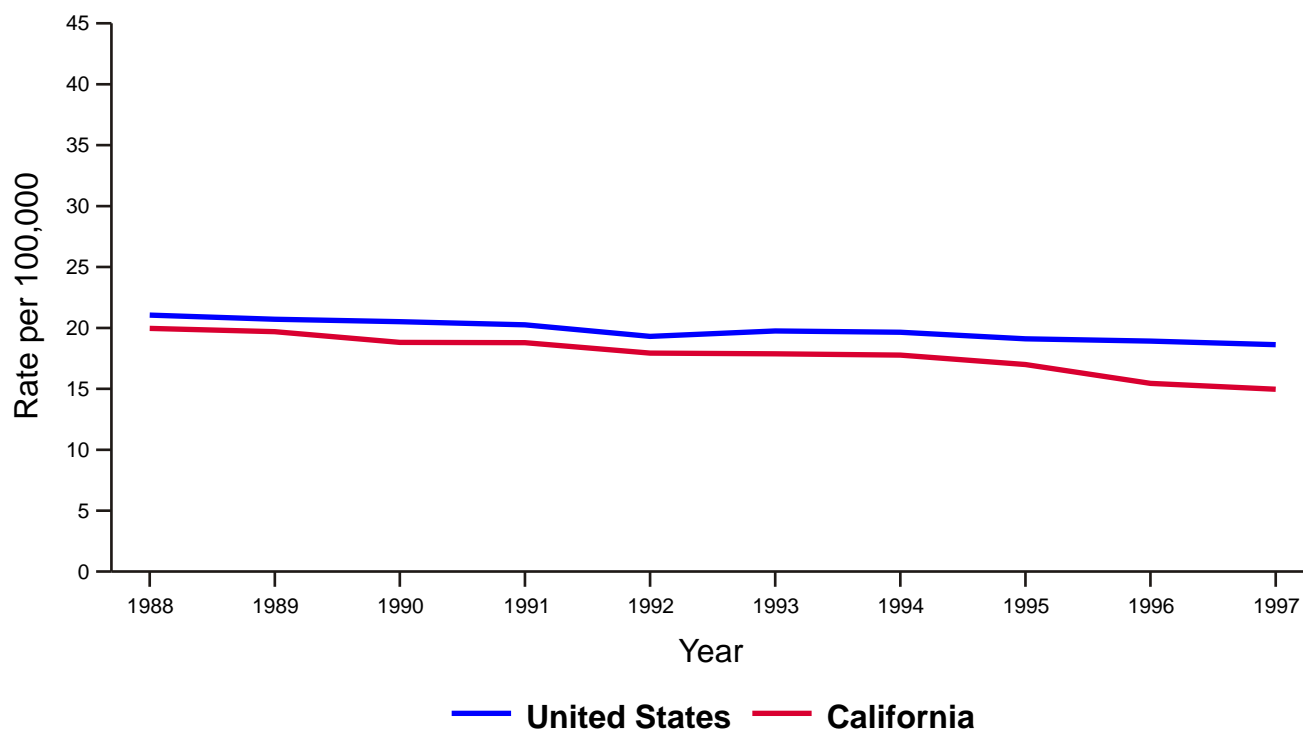
United States and California 1988-1997



Traumatic Brain Injury-Related Death Rates* United States, 1995-1997

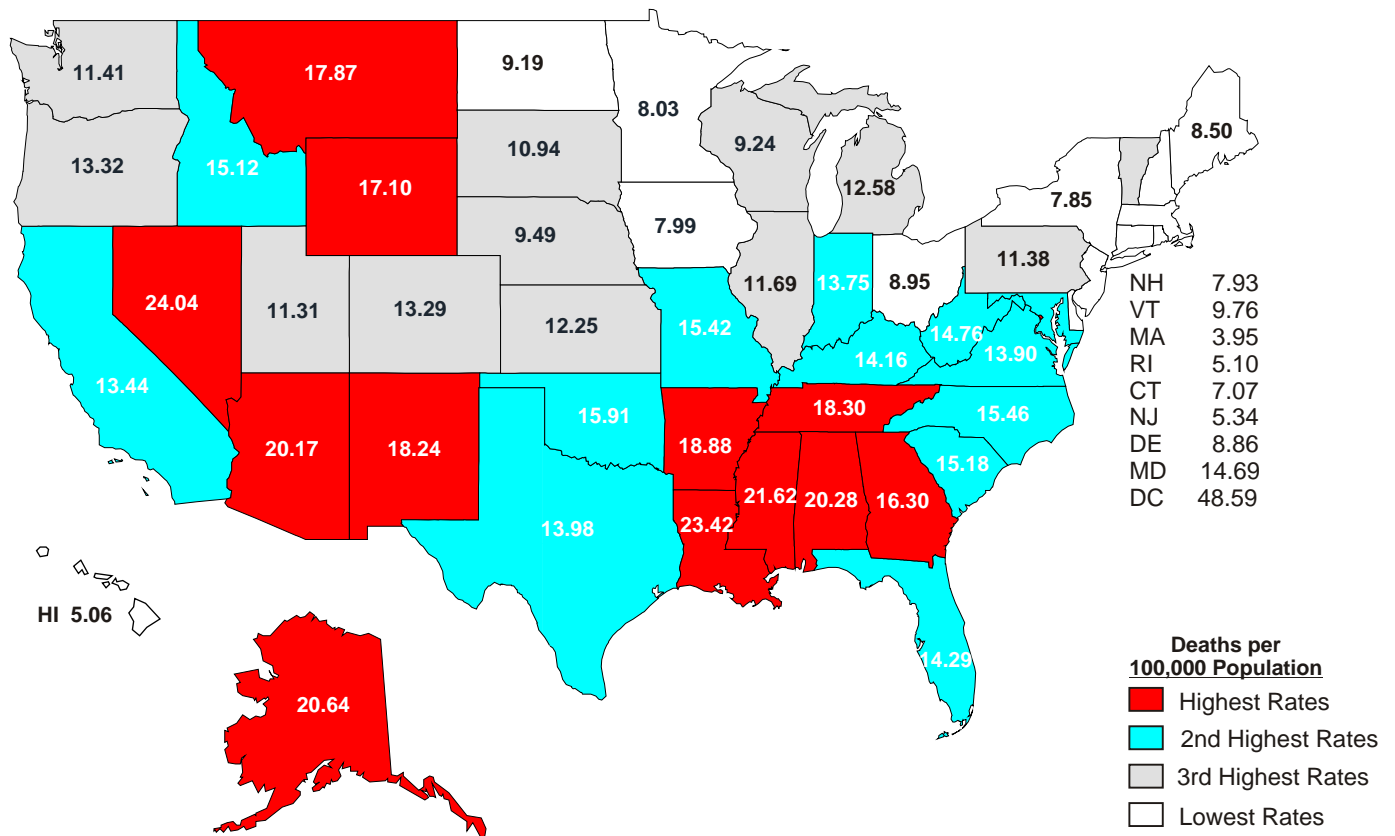


United States and California 1988-1997

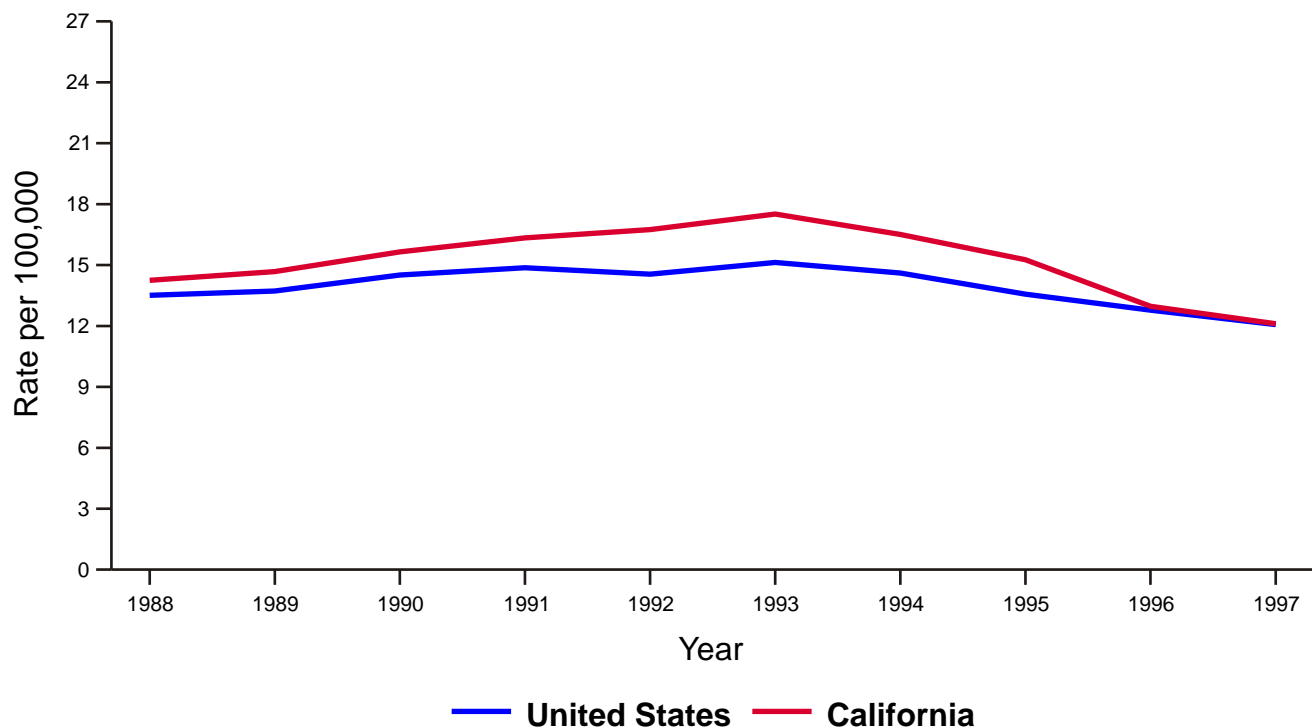


* Includes unintentional and intentional deaths from motor vehicles, firearms, falls, and other causes (of determined and undetermined intent).

Firearm-Related Death Rates* United States, 1995-1997



United States and California 1988-1997



* Includes deaths from firearm suicide, firearm homicide, unintentional firearm-related deaths, and firearm-related deaths of undetermined intent.

CALIFORNIA INJURY CONTROL PROJECTS

Cooperative Agreements

The National Center for Injury Prevention and Control (NCIPC) currently funds the following work through eight cooperative agreements in California:

- Evaluation of Violence Prevention Programs for High-Risk Youth: a youth violence prevention program to reduce aggressive and violent behaviors among adolescent youth (13–18 years) attending alternative schools in northern California and to more closely examine the role of social and cultural factors as they relate to aggressive and violent behaviors. (*Education Training Research (ETR), San Mateo, Santa Clara, Santa Cruz*)
- State Injury Intervention and Surveillance Program (Bike): a program to ensure that the current state bicycle helmet law becomes an effective long-term strategy for encouraging universal helmet use by all children up to age 18 and to develop a comprehensive bicycle safety effort for California to decrease morbidity, mortality, disability and cost of bicycle related head injuries among riders of all ages. (*State Department of Health Services*)
- Community-Based Primary Prevention Programs to Prevent Intimate Partner Violence: a program to reduce the risk of intimate partner violence (IPV) among Latino residents of Oakland, California, by targeting women and children living in the East Oakland neighborhoods. The program is designed to prevent IPV by effecting change on three levels: individual, by providing knowledge and skills; the household, by providing similar information to various members of the family that will reinforce the messages given to individuals; and the community, by creating social structures to reduce isolation and create networks of support. (*La Clinica de la Raza, Fruitvale Health Project, Inc., Oakland*)
- Program to Assess Injury Interventions Among Older Americans: a program to identify, retrieve, and disseminate injury research and prevention strategies to a wide range of individuals, organizations, and institutions with the potential to reduce unintentional injuries to older adults. Objectives are to: (1) establish a functional organizational and administrative structure with a system of links and specified collaborative relationships with 30 to 50 agencies, businesses, professional organizations, and academic institutions that are working with older adults and injury control; (2) establish and maintain a national repository for information on aging and unintentional injuries among older Americans with a minimum of 5,000/10,000 entries; (3) disseminate information on unintentional injuries among older Americans, expanding by 25 percent each year the number of individuals, agencies and organizations receiving information; and, (4) identify and disseminate needs for further research and/or new technology and provide technical assistance to 20 businesses, national, state and/or local agencies per year to translate research into injury prevention practice. (*San Diego State University Foundation*)

- Coordinated Community Responses to Prevent Intimate Partner Violence: a community project to promote the development of healthy families in order to prevent intimate partner violence (IPV) through the following activities: (1) provide ongoing training and technical assistance on collaboration; (2) offer 8-week Building Healthy Families workshop series to families in targeted neighborhoods; (3) develop specialized IPV prevention education groups for children, youth and teens participating in the workshop series; conduct neighborhood outreach activities; (4) establish a youth theater group to educate other teens and youth about intimate partner violence; (5) organize Community Action Teams to implement a community campaign to prevent intimate partner violence; (6) conduct an annual community assessment on intimate partner violence; (7) establish a Data Advisory Group to provide data for the community assessment and review the strengths and gaps in the Coordinated Community Response; (8) provide training on mandated reporting for medical professionals; and, (9) implement a countywide database to track IPV health statistics and patterns of injury. (*Defensa de Mujeres, Watsonville*)
- Community-Based Primary Prevention Programs to Prevent Intimate Partner Violence: a project to develop, implement and evaluate two 8-week educational programs on parenting and dating relationships. These programs are designed to prevent episodes of intimate partner violence (IPV) in conjunction with collaborating partners: the Sacramento County Juvenile Justice System, Women Escaping A Violent Environment (WEAVE) and the University of California-Davis. The goals, objectives and outcomes are to increase awareness of IPV issues, and improve communication and conflict resolution skills. The target population is high-risk parenting adolescents and young adult patients (females) and adolescent juvenile wards residing in non-secured facilities in Sacramento County (males) who have little linkage with human service agencies due to the lack of existing primary prevention programs. (*Planned Parenthood Mar MonteEast, Sacramento*)
- Community-Based Primary Prevention Programs to Prevent Intimate Partner Violence: a collaborative project between the Women's Alcoholism Center, Standing Against Sexual Exploitation (SAGE), and Manalife Education and Research Institute (MERI) to expand prevention and education to the population of African-American and Hispanic women and girls at risk of experiencing intimate partner violence (IPV) and sexual assault who do not access existing services. Manalives' role is to end violence, especially mens violence against women, including the development of resource materials for boys and men, while SAGE will continue to target immigrants, refugees, lesbians and prostitutes, as well as incarcerated women and girls. (*The Women's Alcoholism Center, San Francisco*)
- Traumatic Brain Injury Surveillance Program: a program to conduct population-based traumatic brain injury (TBI) surveillance to characterize the risk factors, incidence, external causes, severity, and short-term outcomes of TBI. This information will be used to help design prevention programs that address specific causes of TBI, and populations at higher risk. These data may also be used to improve injured persons' access to health care and other services needed after injury. (*California Department of Health Services*)

Research Grants

The NCIPC supports two extramural research projects in California and two major injury control research centers:

Extramural Research Projects

- Child Safety Seat Non-Users: Issues and Interventions: a project to identify child, parent, family and psychosocial factors associated with child safety seat (CSS) non-use; evaluate the effectiveness of education plus fine compared to a fine only for those cited for failing to restrain their children; determine prospectively, through a birth cohort, factors associated with CSS use, sustained use, and correct use; and determine reasons why infants, despite the highest level of restraint use, have the highest mortality rate in motor vehicle crashes among children less than 10 years of age. (*Phyllis Agran, M.D., University of California*)
- Biomechanics of Injury Prevention During Falls: a project to study specific protective responses to falls among the young and elderly, and to identify the neuromuscular variables governing the efficacy of these responses. The research will test (1) whether a young female's ability to reduce fall severity (as quantified by the orientation and velocity of the pelvis at impact) during unexpected falls onto a gymnasium mat associates with (a) braking the fall with the outstretched hands, and (b) absorbing energy through contraction of lower extremity muscles during descent; (2) whether young and elderly subjects' ability to absorb energy in their lower extremity muscles, and reduce impact velocity when descending from standing to sitting, associates with ancillary measures of lower extremity strength, flexibility, and reaction time; and, (3) whether young and elderly subjects' ability to quickly contact an impact surface with the outstretched hands associates with ancillary measures of upper extremity strength, flexibility, and reaction time. (*Stephen N. Robinovitch, Ph.D., San Francisco General Hospital*)

Injury Control Research Centers

- The San Francisco Injury Center for Research and Prevention (SFIC) is distinguished by having acute care research as its major focus, while maintaining prominent activities in injury surveillance and injury prevention. The SFIC continually evaluates methods of treating injuries, and to remain committed to injury prevention. The two major objectives for the SFIC are to conduct research in the five phases of acute care management: prehospital, initial resuscitation, definitive surgical care, critical care, and acute rehabilitation; and, activities and collaborations in injury prevention. (*Mary Margaret Knudson, M.D., San Francisco Injury Center for Research and Prevention*)
- The Southern California Injury Prevention Research Center (SCIPRC) develops and supports a multi-disciplinary academic and community effort to discover and understand patterns of injury occurrence in high-risk populations and control the incidence and

consequences of these injuries. This process includes surveillance of injury causes, identification of risk factors, data-driven and community-defined intervention strategies, and analytic evaluations. Epidemiology, public health, biomechanics/bioengineering, behavioral and social sciences, clinical medicine, and health policy are among the crucial components of this process. Primary, secondary and tertiary prevention, and the integration of all three phases of injury prevention, are addressed by the research, training, and community service components of the SCIPRC. (*Southern California Injury Prevention Research Center, Los Angeles*)